Case 16-80633 Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37 Desc Main Document Page 1 of 56

| Fill in this information to identify your case: | | |
|---|-------------------------------|------------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|---|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's | Agata First name | First name |
| | license or passport). | Middle name | Middle name |
| | Bring your picture identification to your meeting with the trustee. | Nowak Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-9177 | |

Case 16-80633 Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37 Desc Main Document Page 2 of 56

Case number (if known)

Debtor 1 Agata Nowak

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 615 Claymont Court Algonquin, IL 60102 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code McHenry County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

Case 16-80633 Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37 Desc Main Document Page 3 of 56 Case number (if known) Debtor 1 Agata Nowak Tell the Court About Your Bankruptcy Case 7. The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. District When Case number District When Case number When Case number District 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is Yes. not filing this case with you, or by a business

partner, or by an affiliate?

Debtor Relationship to you When District Case number, if known Debtor Relationship to you When Case number, if known District

11. Do you rent your residence?

No.

Go to line 12.

☐ Yes.

Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

No. Go to line 12.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Case 16-80633 Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37 Desc Main Document Page 4 of 56

Case number (if known) Debtor 1 Agata Nowak Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention? For example, do you own perishable goods, or Where is the property? livestock that must be fed,

Number, Street, City, State & Zip Code

or a building that needs urgent repairs?

Debtor 1 Agata Nowak Page 5 of 56 Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 16-80633 Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37 Desc Main Document Page 6 of 56

| Deb | tor 1 Agata Nowak | | Docume | | mber (if known) | | | |
|------|--|---------------------|--|---|---|--|--|--|
| Part | 6: Answer These Quest | ions for Re | porting Purposes | | | | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily co | nsumer debts? Consumer debts are onal, family, or household purpose." | defined in 11 U.S.C. § 101(8) as "incurred by an | | | |
| | | | ☐ No. Go to line 16b. | | | | | |
| | | | Yes. Go to line 17. | | | | | |
| | | 16b. | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | |
| | | | ☐ No. Go to line 16c. | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | |
| | | 16c. | State the type of debts you ov | we that are not consumer debts or bus | iness debts | | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter | 7. Go to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | | o you estimate that after any exempt pailable to distribute to unsecured credit | property is excluded and administrative expenses ors? | | | |
| | administrative expenses are paid that funds will | | ■ No | | | | | |
| | be available for distribution to unsecured creditors? | | ☐ Yes | | | | | |
| 18. | How many Creditors do you estimate that you | 1 -49 | | ☐ 1,000-5,000 ☐ 5001-10,000 | ☐ 25,001-50,000 ☐ 50,004,400,000 | | | |
| | owe? | ☐ 50-99 ☐ 100-19 | na | ☐ 10,001-25,000 | ☐ 50,001-100,000 ☐ More than100,000 | | | |
| | | 200-99 | | , , | | | | |
| 19. | How much do you | □ \$0 - \$5 | | ☐ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | | |
| | estimate your assets to be worth? | | 1 - \$100,000 | ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion | | | |
| | | | 01 - \$500,000 01 - \$1 million | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | | |
| 20. | How much do you estimate your liabilities | □ \$0 - \$5 | | □ \$1,000,001 - \$10 million | \$500,000,001 - \$1 billion | | | |
| | to be? | | 01 - \$100,000 101 - \$500,000 | ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion | | | |
| | | | 101 - \$500,000 101 - \$1 million | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | | |
| Part | 7: Sign Below | | | | | | | |
| For | you | I have exa | amined this petition, and I decl | are under penalty of perjury that the in | formation provided is true and correct. | | | |
| | | | | I am aware that I may proceed, if eligi lief available under each chapter, and | ble, under Chapter 7, 11,12, or 13 of title 11, I choose to proceed under Chapter 7. | | | |
| | | | | ot pay or agree to pay someone who is a notice required by 11 U.S.C. § 342(b) | s not an attorney to help me fill out this). | | | |
| | | I request | relief in accordance with the cl | hapter of title 11, United States Code, | specified in this petition. | | | |
| | | | y case can result in fines up to | | ey or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, | | | |
| | | Agata No | | Signature of De | ebtor 2 | | | |
| | | Executed | on March 15, 2016 MM / DD / YYYY | Executed on _ | MM / DD / YYYY | | | |
| | | | | | | | | |

Case 16-80633 Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37 Desc Main Document Page 7 of 56

Debtor 1 Agata Nowak Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Michael | J. Worwag | Date | March 15, 2016 |
|--------------------|------------------------------|---------------|--------------------|
| Signature of | Attorney for Debtor | | MM / DD / YYYY |
| Michael J. \ | Worwag | | |
| Worwag & Firm name | Malysz, P.C. | | |
| • | es Advocates von Ave #300 | | |
| Des Plaines | s, IL 60018 | | |
| Number, Street, | City, State & ZIP Code | | |
| Contact phone | 847.954.2350 | Email address | mjworwag@gmail.com |
| #6256887 | | | |
| Bar number & St | ata | | |

| | | DUCUIII | CHE T GGC O OF 30 | | | | | |
|--|-------------|-------------------|-------------------|--|--|--|--|--|
| ill in this information to identify your case: | | | | | | | | |
| Debtor 1 | Agata Nowak | | | | | | | |
| | First Name | Middle Name | Last Name | | | | | |
| Debtor 2 | | | | | | | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | | | | | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | | | | | |
| Case number | | | | | | | | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| • | | | |
|-----|--|-------------|---------------------------|
| Par | t1: Summarize Your Assets | | |
| | | Your a | assets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 215,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 3,000.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 218,000.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 206,000.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 21,139.28 |
| | Your total liabilities | \$ | 227,139.28 |
| Par | t3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 500.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 510.00 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a | a personal | l. family, or |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Agata Nowak Page 9 of 56
Case number (if known)

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form | |
|----|--|----|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. | \$ |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total cla | im |
|--|-----------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

0.00

| | | | | Doc | ument | Page 10 of 56 | | | |
|---------------------------------|---|---|--|-------------------------------------|--|--|---|----------------|---|
| Fill i | n this informa | ation to identify | your case and th | nis filing | j: | | | | |
| Debt | tor 1 | Agata Nowak | | | | | | | |
| Debt | tor 2 | First Name | Middle | e Name | | Last Name | | | |
| | se, if filing) | First Name | Middle | Name | | Last Name | | | |
| Unite | ed States Bank | kruptcy Court for | the: NORTHER | N DIST | RICT OF ILL | INOIS | | | |
| Case | e number | | | | | | | | ☐ Check if this is an |
| | | | | | | _ | | | amended filing |
| | | | | | | | | | |
| Off | icial For | m 106A/B | | | | | | | |
| Sc | hedule | A/B: Pr | operty | | | | | | 12/15 |
| think Inform Answ Part | it fits best. Be nation. If more ser every question. Describe Ea | as complete and a space is needed, a on. ach Residence, Bu | accurate as possible attach a separate si uilding, Land, or Ot | e. If two heet to th her Real | married peop his form. On t Estate You O | an asset fits in more than cole are filing together, both a he top of any additional pagown or Have an Interest In | are equally respo ges, write your n | nsible for su | upplying correct |
| 1. Do | you own or ha | ve any legal or eq | uitable interest in a | ıny resid | ence, buildin | g, land, or similar property? | | | |
| | No. Go to Part 2 | 2. | | | | | | | |
| | Yes. Where is t | the property? | | | | | | | |
| | | | | | | | | | |
| 1.1 | | | | What | is the proper | ty? Check all that apply | | | |
| 1 | 615 Claymo | nt Court | | Wilat | Single-family | | Do not dedu | ict secured cl | aims or exemptions. Put |
| - | Street address, if available, or other description | | | | ulti-unit building | the amount | the amount of any secured claims Creditors Who Have Claims Secured | | |
| | | | | | Condominium | m or cooperative | Creditors W | no nave ciali | ms decured by I Toperty. |
| | | | | | Manufacture | ed or mobile home | • | | 0 |
| | Algonquin | IL | 60102-0000 | | Land | | Current val | | Current value of the portion you own? |
| | City | State | ZIP Code | | Investment p | property | \$21 | 5,000.00 | \$215,000.00 |
| | | | | | Timeshare Other | | | | your ownership interest nancy by the entireties, or |
| | | | | Who | has an intere | st in the property? Check one | . pe | e), if known. | iancy by the chineties, or |
| | Mallami | | | _ | Debtor 1 only | | | | |
| - | McHenry | | | | | • | | | |
| | County | | | | 200101 1 0110 | d Debtor 2 only of the debtors and another | | if this is con | nmunity property |
| | | | | | | you wish to add about this | item, such as loc | al | |
| | | | | prope | erty identifica | tion number: | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | from Part 1, including a | | | \$215,000.00 |
| | _ | | Part 1. Write that | numbe | r here | | = | - > | Ψ2 10,000.00 |
| Part | 2: Describe Yo | our Vehicles | | | | | | | |
| | | | | | | whether they are registon Executory Contracts and U | | | ehicles you own that |
| 3. C a | ars, vans, truc | cks, tractors, sp | ort utility vehicle | s, moto | rcycles | | | | |
| | No | | | | | | | | |
| | Yes | | | | | | | | |

Official Form 106A/B Schedule A/B: Property page 1

| | | Case 16-8 | 0633 | Doc 1 | Filed 03/16/16 Document | Entered 03/16/16 11:4 Page 11 of 56 | 19:37 Desc Main |
|--------|----------------------|---|-------------|--------------|--|--|---|
| Debt | or 1 | Agata Nowak | | | Document | Case number | (if known) |
| | | | | | | cles, other vehicles, and accessor owmobiles, motorcycle accessories | ies |
| | No | | | | | | |
| | Yes | | | | | | |
| | | | | | | | |
| | | | | | | om Part 2, including any entries fo | |
| Part : | 3: Desc | ribe Your Person | al and Ho | usehold Item | 5 | | |
| | | | | | est in any of the follow | ing items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | <i>xamples</i> No | d goods and fu s: Major appliand Describe | | | nina, kitchenware | | |
| | | 1 | | | | | 1 #0.000.00 |
| | | | Househ | old Goods, | Used Furniture and P | ersonal Electronics | \$2,000.00 |
| E | No | : Televisions an | | | stereo, and digital equip ia players, games | ment; computers, printers, scanners | s; music collections; electronic devices |
| | | | Costum | e Jewelry | | | \$500.00 |
| E | xamples No | es of value s: Antiques and f other collection | | | | oks, pictures, or other art objects; sta | amp, coin, or baseball card collections; |
| | | | | | | | |
| E | xamples | nt for sports and s: Sports, photog musical instrui | raphic, ex | | other hobby equipment; I | picycles, pool tables, golf clubs, skis | ; canoes and kayaks; carpentry tools; |
| | l No l Yes. D | Describe | | | | | |
| _ | irearms Example | | shotguns | , ammunitior | n, and related equipment | | |
| | | Describe | | | | | |
| | | es: Everyday clo | thes, furs, | leather coat | s, designer wear, shoes, | accessories | |
| | l No l Yes. D | Describe | | | | | |
| | | | | | | | |
| _ | Example | es: Everyday jew | elry, costu | ume jewelry, | engagement rings, wed | ding rings, heirloom jewelry, watches | s, gems, gold, silver |
| | Example I No | | elry, costu | ume jewelry, | engagement rings, wed | ding rings, heirloom jewelry, watches | s, gems, gold, silver |
| | Example I No | es: Everyday jew Describe | • | ume jewelry, | engagement rings, wed | ding rings, heirloom jewelry, watches | s, gems, gold, silver \$500.00 |

| D | ebtor 1 | Agata Nov | <i>ı</i> ak | Document | Page 1 | 12 of 56 Case r | number (if known) | |
|-----|------------|----------------------------------|--|----------------------------|------------------|---------------------|----------------------|--|
| 12 | Non-fa | rm animals | | | | | , , | |
| 13. | | | ts, birds, horses | | | | | |
| | ■ No | | | | | | | |
| | ☐ Yes. | Describe | | | | | | |
| 14. | Any otl | her personal | and household items you | ı did not already list, | including a | nny health aids yo | ou did not list | |
| | | Give specific | information | | | | | |
| | | | | | | | 1 | |
| 15 | | | ue of all of your entries from at number here | | | | ve attached | \$3,000.00 |
| Dr | art 4: Des | scribe Your Fir | noncial Acceta | | | | | |
| | | | y legal or equitable intere | est in any of the follow | wing? | | | Current value of the |
| | Í | | , , | ŕ | Ü | | | portion you own? Do not deduct secured claims or exemptions. |
| 16. | • | oles: Money yo | ou have in your wallet, in yo | our home, in a safe dep | posit box, an | nd on hand when y | ou file your petitic | on |
| | ■ No | | | | | | | |
| | □ 1es | | | | ••••• | | | |
| 17. | | | , savings, or other financial ns. If you have multiple acc | | | | ions, brokerage h | ouses, and other similar |
| | ■ No | | | Institution | namo: | | | |
| | ☐ Yes | | | msutution | name. | | | |
| 18. | | | s, or publicly traded stoc ds, investment accounts wi | | oney market | accounts | | |
| | ■ No | | la attention on in | | | | | |
| | ☐ Yes | | Institution or is | suer name: | | | | |
| 19. | joint v | | stock and interests in inc | corporated and uning | corporated | businesses, incl | uding an interes | t in an LLC, partnership, and |
| | ■ No | Give specific | information about them | | | | | |
| | □ 165. | Give specific | Name of entity: | | | % of 0 | ownership: | |
| 20. | Negoti | iable instrume | rporate bonds and other nts include personal checks numents are those you cann | s, cashiers' checks, pro | omissory not | tes, and money or | | |
| | ■ No | | | | | | | |
| | ☐ Yes. | Give specific | information about them | | | | | |
| | | | Issuer name: | | | | | |
| 21. | Examp | ment or pensi ples: Interests | on accounts in IRA, ERISA, Keogh, 401 | (k), 403(b), thrift saving | gs accounts | s, or other pension | or profit-sharing p | plans |
| | ■ No | | | | | | | |
| | ⊔ Yes. | List each acco | ount separately. Type of account: | Institution | name: | | | |
| 22. | Your sl | hare of all unu | nd prepayments used deposits you have manus with landlords, prepaid | | | | | ice or others |
| | ■ No | Jos. Agreenie | mo with landiolos, prepaid | ion, public utilities (ele | Journe, yas, w | rator, tolecommu | moduono compan | ioo, or ourors |
| | ☐ Yes. | | | Institution | name or ind | dividual: | | |
| 23. | _ | ies (A contrac | t for a periodic payment of | money to you, either fo | or life or for a | a number of years |) | |
| | ■ No □ Yes | | Issuer name and description | on. | | | | |
| | | | | | | | | |

| | | Case 16-80633 | Doc 1 | | Entered 03/16/16 11:49:37 | Desc Main | | |
|-----|--|---|------------------------------|---------------------------|---|---|--|--|
| De | ebtor 1 | Agata Nowak | | Document | Page 13 of 56 Case number (if known) | | | |
| 24. | 4. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No | | | | | | | |
| 25 | | | | | | | | |
| | ■ No | Give specific information a | | rty (other than anythin | g listed in line 1), and rights or powers exe | rcisable for your benefit | | |
| | Exampl ■ No | copyrights, trademarks es: Internet domain names Give specific information a | s, websites, p | | | | | |
| | | s, franchises, and other | | naibles | | | | |
| | Exampl ■ No | | sive licenses | | n holdings, liquor licenses, professional licens | es | | |
| M | oney or p | roperty owed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. | | |
| 28. | . Tax refu | ınds owed to you | | | | | | |
| | ■ No □ Yes. G | Sive specific information ab | pout them, inc | cluding whether you alrea | ady filed the returns and the tax years | | | |
| | ■ No | | | usal support, child suppo | ort, maintenance, divorce settlement, property | settlement | | |
| 30. | Exampl | es: Unpaid wages, disabili benefits; unpaid loans Give specific information | ty insurance p | | efits, sick pay, vacation pay, workers' compe | nsation, Social Security | | |
| 31. | Interest | s in insurance policies | e insurance; h | nealth savings account (F | HSA); credit, homeowner's, or renter's insurar | nce | | |
| | | lame the insurance compa Com | any of each popany name: | olicy and list its value. | Beneficiary: | Surrender or refund value: | | |
| | | | n Life Insura ender Value | nce Policy - No Cash | · | \$0.00 | | |
| | If you are someon | erest in property that is done the beneficiary of a living has died. Give specific information | | | d surance policy, or are currently entitled to rece | eive property because | | |
| 33. | Exampl ■ No | against third parties, who | | | t or made a demand for payment to sue | | | |

| Debt | | Document | Page 14 of | 3/16/16 11:49:37 56 Case number (if known) | Desc Main |
|---------------|--|--------------------------|-----------------------|--|-----------------|
| | | | | · · · · · · | and off plateur |
| | ther contingent and unliquidated claims of e | very nature, including | g counterclaims (| of the debtor and rights to | set off claims |
| | Yes. Describe each claim | | | | |
| | | | | | |
| | ny financial assets you did not already list No | | | | |
| | Yes. Give specific information | | | | |
| | res. Give specific information | | | | |
| 36. | Add the dollar value of all of your entries from for Part 4. Write that number here | | | | \$0.00 |
| Part s | Describe Any Business-Related Property You O | wn or Have an Interest I | n. List any real esta | ate in Part 1. | |
| 37 D (| o you own or have any legal or equitable interest in | any business-related pr | roperty? | | |
| | No. Go to Part 6. | any suchace related p | , op 0.1.y . | | |
| | Yes. Go to line 38. | | | | |
| | | | | | |
| Part (| Describe Any Farm- and Commercial Fishing-Real f you own or have an interest in farmland, list it in F | | n or Have an Interes | st In. | |
| 46. D | o you own or have any legal or equitable inte | erest in any farm- or c | commercial fishin | g-related property? | |
| ı | No. Go to Part 7. | - | | | |
| ı | ☐ Yes. Go to line 47. | | | | |
| | | | | | |
| Part 7 | Describe All Property You Own or Have an | Interest in That You Did | Not List Above | | |
| | o you have other property of any kind you diexamples: Season tickets, country club members No Yes. Give specific information | | | | |
| | · | | | 1 | |
| 54. | Add the dollar value of all of your entries from | m Part 7. Write that n | umber here | | \$0.00 |
| | | | | ı | |
| Part 8 | List the Totals of Each Part of this Form | | | | |
| 55. | Part 1: Total real estate, line 2 | | | | \$215,000.00 |
| 56. | Part 2: Total vehicles, line 5 | | \$0.00 | | , |
| 57. | Part 3: Total personal and household items, | line 15 | \$3,000.00 | | |
| 58. | Part 4: Total financial assets, line 36 | _ | \$0.00 | | |
| | Part 5: Total business-related property, line | | \$0.00 | | |
| | Part 6: Total farm- and fishing-related proper | | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | + | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through | 61 | \$3,000.00 | Copy personal property to | stal \$3,000.00 |
| 63. | Total of all property on Schedule A/B. Add lin | ne 55 + line 62 | | | \$218,000.00 |

Official Form 106A/B Schedule A/B: Property page 5

| | Ca | .3E 10-00033 L | Document | | Page 15 of 56 | 9.31 D | CSC Main | | | |
|--------------------------------|---|---|--|--|---|--|---|--|--|--|
| Fill | I in this inforn | nation to identify your | | | aue 15 01 50 | | | | | |
| De | btor 1 | Agata Nowak | | | | | | | | |
| | 5.01 | First Name | Middle Name | L | ast Name | | | | | |
| | btor 2 ouse if, filing) | First Name | Middle Name | 1 | ast Name | | | | | |
| | | | | | | | | | | |
| Un | ited States Ba | nkruptcy Court for the: | NORTHERN DISTRICT OF | ILLIN | OIS | | | | | |
| | se number nown) | | | | | | Check if this is an amended filing | | | |
| Of | fficial Fo | rm 106C | | | | | | | | |
| S | chedul | e C: The Pro | operty You Cla | aim | as Exempt | | 12/15 | | | |
| the nee case For speany funder | property you li ded, fill out an e number (if kr each item of cific dollar ar applicable st ds—may be u mption to a p | sted on Schedule A/B: Fd attach to this page as nown). property you claim as nount as exempt. Alternatutory limit. Some exenlimited in dollar amountarticular dollar amountarticular dollar amount | Property (Official Form 106A/B many copies of Part 2: Addition exempt, you must specify the natively, you may claim the emptions—such as those fount. However, if you claim and the count. |) as yo nal Pa ne amo full fai r healt n exen | ther, both are equally responsible for source, list the property that you ge as necessary. On the top of any pount of the exemption you claim. In market value of the property be the aids, rights to receive certain the property of 100% of fair market valuetermined to exceed that amount | claim as ex additional p One way of sing exempto penefits, and ue under a l | empt. If more space is pages, write your name and f doing so is to state a ted up to the amount of d tax-exempt retirement aw that limits the | | | |
| | • • | statutory amount. y the Property You Cla | im as Exempt | | | | | | | |
| 1. | Which set of | exemptions are you cl | aiming? Check one only, eve | en if yo | ur spouse is filing with you. | | | | | |
| | You are c | aiming state and federal | nonbankruptcy exemptions. | 11 11 9 | S.C. 8 522(b)(3) | | | | | |
| | _ | G | . , . | 110. | 5.0. 3 022(0)(0) | | | | | |
| _ | | ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) For any property you list on <i>Schedule A/B</i> that you claim as exempt, fill in the information below. | | | | | | | | |
| ۷. | | Cunnific In | over that allow avamention | | | | | | | |
| | | on of the property and line that lists this property | e on Current value of the portion you own | Ame | Amount of the exemption you claim | | ws that allow exemption | | | |
| | | | Copy the value from Schedule A/B | Copy the value from Check only one box for each exent | | | | | | |
| | Household (| Goods, Used Furniture | e and \$2,000.00 | _ | \$2,000.00 | 735 ILC | S 5/12-1001(b) | | | |
| | Personal El | | Ψ2,000.00 | _ | | | | | | |
| | Line from Sci | nedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | Costume Je | welry nedule A/B: 7.1 | \$500.00 | - | \$500.00 | 735 ILCS | S 5/12-1001(b) | | | |
| | | | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | Costume Je | welry nedule A/B: 12.1 | \$500.00 | | \$500.00 | 735 ILC | S 5/12-1001(b) | | | |
| | Line nom 36/ | ledule AVD. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| 3. | (Subject to ac | ljustment on 4/01/16 and | , , | ases fi | led on or after the date of adjustme | , | | | | |

No ☐ Yes

| | Document | Page 16 | of 56 | | |
|--|--|-----------------|--|--|--------------------------|
| Fill in this information to identify y | our case: | | | | |
| Debtor 1 Agata Nowak | | | | | |
| First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the | ne: NORTHERN DISTRICT OF ILLIN | NOIS | | | |
| On an assemble in | | | | | |
| Case number (if known) | | | | ☐ Check | if this is an |
| | | | | _ | ded filing |
| | | | | | - |
| Official Form 106D | | | | | |
| Schedule D: Creditor | rs Who Have Claims S | ecured | by Propert | ٧ | 12/15 |
| s needed, copy the Additional Page, fill number (if known). | e. If two married people are filing together it out, number the entries, and attach it to | | | | |
| 1. Do any creditors have claims secured | | | | | |
| ☐ No. Check this box and submi | t this form to the court with your other s | chedules. You | u have nothing else t | o report on this form. | |
| Yes. Fill in all of the information | on below. | | | | |
| Part 1: List All Secured Claims | | | | | |
| | as more than one secured claim, list the credi | | Column A | Column B | Column C |
| much as possible, list the claims in alphab | nas a particular claim, list the other creditors i etical order according to the creditor's name. | | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Chase Manhatten | Describe the property that secures the | o claim: | \$178,000.00 | \$215,000.00 | \$0.00 |
| Mortgage Corp. Creditor's Name | Describe the property that secures the 615 Claymont Court Algonquin, | | Ψ170,000.00 | Ψ210,000.00 | Ψ0.00 |
| | 60102 McHenry County | 'L | | | |
| | , , | 11 41 4 | | | |
| P.O. Box 7892 | As of the date you file, the claim is: Chapply. | neck all that | | | |
| Phoenix, AZ 85062 | Contingent | | | | |
| Number, Street, City, State & Zip Code | Unliquidated | | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| _ | An agreement you made (such as mo | ortanan or annu | urod | | |
| Debtor 1 only | car loan) | origage or secu | irea | | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mech | anic's lion) | | | |
| ☐ At least one of the debtors and anothe | | ianic s nem | | | |
| Check if this claim relates to a community debt | _ | Mortgage | | | |
| Date debt was incurred | Last 4 digits of account number | er | | | |
| Chase Manhatten | | | | | |
| Mortgage Corp. | Describe the property that secures the | | \$28,000.00 | \$215,000.00 | \$0.00 |
| Creditor's Name | 615 Claymont Court Algonquin, 60102 McHenry County | IL | | | |
| P.O. Box 7892 | As of the date you file, the claim is: Cr | neck all that | | | |
| Phoenix, AZ 85062 | apply. Contingent | | | | |
| Number, Street, City, State & Zip Code | Unliquidated | | | | |
| riamson, earest, enty, etate a zip eeste | ☐ Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only | ☐ An agreement you made (such as mo | ortgage or secu | red | | |
| Debtor 2 only | car loan) | | | | |
| Debtor 1 and Debtor 2 only | \square Statutory lien (such as tax lien, mech | anic's lien) | | | |
| At least one of the debtors and anothe | 3 | _ | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | Second Mort | gage | | |

Official Form 106D

Date debt was incurred ___

Last 4 digits of account number

Case 16-80633 Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37 Desc Main Document Page 17 of 56

| Debtor 1 | Agata Nowal | (| | Case number (if know) | |
|----------|--------------------|------------------------------|-----------------------------------|-----------------------|---|
| | First Name | Middle Name | Last Name | | |
| | | | | | |
| | | | | | |
| | | | | | 1 |
| Add the | dollar value of yo | our entries in Column A on t | his page. Write that number here: | \$206,000.00 | |
| | the last page of | your form, add the dollar va | lue totals from all pages. | \$206,000.00 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| Document Page 18 o | of 56 |
|---|---|
| Fill in this information to identify your case: | |
| Debtor 1 Agata Nowak | |
| First Name Middle Name Last Name | |
| Debtor 2 | |
| (Spouse if, filing) First Name Middle Name Last Name | |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | |
| Case number | |
| (if known) | ☐ Check if this is an |
| | amended filing |
| Official Form 106E/F | |
| Schedule E/F: Creditors Who Have Unsecured Claims | 12/15 |
| only executory contracts or unexpired leases that could result in a claim. Also list executory contracts and Unexpired Leases (Official Form 106G). Do not include any office of the continuation of the Point of the Continuation Page to this page. If you have no information to report in a Part, do not not continuate the Continuation Page to this page. If you have no information to report in a Part, do not not continuate and case number (if known). | creditors with partially secured claims that are listed in Part you need, fill it out, number the entries in the boxes on the |
| Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? | |
| ■ No. Go to Part 2. | |
| ☐ Yes. | |
| Part 2: List All of Your NONPRIORITY Unsecured Claims | |
| Do any creditors have nonpriority unsecured claims against you? | |
| ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedule: | 28. |
| ■ Yes. | |
| | |
| 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who hold unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three Part 2. | of claim it is. Do not list claims already included in Part 1. If more |
| | Total claim |
| 4.1 A/R Concepts Last 4 digits of account number 60 | 033 \$285.00 |
| Nonpriority Creditor's Name | nanad 6/20/44 Last Astiva |
| 10.2 E Dundoo Dd Sto 220 | pened 6/28/11 Last Active /01/10 |
| Number Street City State Zlp Code As of the date you file, the claim is: Ch | heck all that apply |
| Who incurred the debt? Check one. | |
| ■ Debtor 1 only □ Contingent | |
| ☐ Debtor 2 only ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only ☐ Disputed | |
| At least one of the debtors and another Type of NONPRIORITY unsecured clai | im: |
| ☐ Check if this claim is for a community ☐ Student loans | |
| debt ☐ Obligations arising out of a separation report as priority claims | n agreement or divorce that you did not |
| ■ No □ Debts to pension or profit-sharing pla | ans, and other similar debts |
| ☐ Yes ☐ Other Specify Collection Med1 | |

Case 16-80633 Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37 Desc Main Document Page 19 of 56
Case number (if know)

| _ | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim □ Contingent □ Unliquidated □ Disputed | Opened 8/19/13 Last Active 9/03/15 is: Check all that apply | \$0.00 |
|--|--|--|--|
| 1736 Main St Ste 4 Lisle, IL 60532 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | As of the date you file, the claim Contingent Unliquidated | 9/03/15 | |
| Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Contingent ☐ Unliquidated | is: Check all that apply | |
| ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only | ☐ Unliquidated | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | | | |
| _ | ☐ Disputed | | |
| \square At least one of the debtors and another | | | |
| | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Collection A | ttorney Midwest Pulmonary As | |
| | Last 4 digits of account number | | \$75.00 |
| PO Box 3722 | When was the debt incurred? | | |
| | As of the date you file, the claim | is: Check all that apply | |
| _ | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | | d claim: | |
| | _ | | |
| | | aration agreement or divorce that you did not | |
| <u></u> | | o plans, and other similar debts | |
| | ■ Other. Specify Collection | g plans, and other similar desis | |
| Pornardo Duarto MD | Loot 4 digite of account number | | \$677.18 |
| Nonpriority Creditor's Name | When was the debt incurred? | | φ077.10 |
| Highland Park, IL 60035 | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| lebt | Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| • | | | |
| | | | |
| ⅃ Yes | Other. Specify Medical Bills | S | |
| | At least one of the debtors and another Check if this claim is for a community lebt is the claim subject to offset? No Yes ABC Credit & Recovery Services Nonpriority Creditor's Name PO Box 3722 Lisle, IL 60532 Number Street City State Zlp Code Nho incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community lebt is the claim subject to offset? No Yes Bernardo Duarte, MD Nonpriority Creditor's Name PO Box 2143 Highland Park, IL 60035 Number Street City State Zlp Code Nho incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Check if this claim is for a community lebt is the claim subject to offset? No Debtor 1 only Debtor 1 only Check if this claim is for a community lebt is the claim subject to offset? No Check if this claim is for a community lebt is the claim subject to offset? No Yes | Type of NONPRIORITY unsecured Check if this claim is for a community lebt s the claim subject to offset? No No No No No No No No No N | At least one of the debtors and another Check if this claim is for a community lebt Student loans Student loans Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 1 only Contingent Student loans Other. Specify Collection Attorney Midwest Pulmonary As |

Case 16-80633 Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37 Desc Main Document Page 20 of 56
Case number (if know)

| | - rigata Howart | | | | |
|-----|---|--|---|------------|--|
| 4.5 | Citibank | Last 4 digits of account number | | \$5,500.00 | |
| | Nonpriority Creditor's Name PO Box 6001 The Lakes, NV 88901 | When was the debt incurred? | | | |
| | Number Street City State ZIp Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | • , | , | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | | ration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | and a standard and a | | |
| | ■ No | Debts to pension or profit-sharing | | | |
| | Yes | Other. Specify Credit Card | | | |
| 4.6 | Computer Credit Inc | Last 4 digits of account number | | \$0.00 | |
| | Nonpriority Creditor's Name | _ | | Ψ0.00 | |
| | Claim Dept. 003482 | When was the debt incurred? | | | |
| | 640 West Fourth Street Winston Salem, NC 27113-5238 | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | Check if this claim is for a community | Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | |
| | ■ No | Debts to pension or profit-sharir | | | |
| | □ Yes | ■ Other. Specify Collection | | | |
| | 168 | Other. Specify Collection | | | |
| 4.7 | Credit Coll | Last 4 digits of account number | 8615 | \$823.00 | |
| | Nonpriority Creditor's Name Po Box 9136 | When was the debt incurred? | Opened 5/18/15 | | |
| | Needham, MA 02494 | When was the dept incurred: | Opened 3/16/13 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | | | |
| | Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | |
| | No | Debts to pension or profit-sharir | o plans, and other similar debts | | |
| | ☐ Yes | · | Other. Specify Collection Med1 02 Edward Elmhu | | |
| | □ res | Other. Specify Collection IV | IGU I UZ EUWAIU EIIIIIU | | |

Case 16-80633 Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37 Desc Main Document Page 21 of 56

| Deb | tor 1 Agata Nowak | Case number (if know) | |
|----------|--|--|------------|
| 4.8 | Credit Collection Services | Last 4 digits of account number | \$823.83 |
| | Nonpriority Creditor's Name 2 Wells Ave Newton Center, MA 02459 | When was the debt incurred? | |
| | Number Street City State ZIp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Collection | |
| 4.9 | Credit Collection Services | Last 4 digits of account number | \$1,084.00 |
| | Nonpriority Creditor's Name 2 Wells Ave | When was the debt incurred? | |
| | Newton Center, MA 02459 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Collection for PNC Bank | |
| 4.1 0 | DSG Collect | Last 4 digits of account number | \$1,369.09 |
| | Nonpriority Creditor's Name | | |
| | 2250 E Devon Ave Suite 352 Des Plaines, IL 60018 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | □ Outlinest | |
| | | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other Specify Colleciton | |
| | · · · · | — Guier, Openity | |

Case 16-80633 Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37 Desc Main Document Page 22 of 56

| 1 Agata Nowak | Case number (if know) | |
|---|---|---------|
| Genpact Services LLC | Lord Barbor Construction | \$496.0 |
| Nonpriority Creditor's Name | Last 4 digits of account number | φ490.0 |
| PO Box 1969 Southgate, MI 48195 | When was the debt incurred? | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify Collection | |
| Kohls/Capital One | Last 4 digits of account number 3081 | \$278.0 |
| Nonpriority Creditor's Name | Last 4 digits of account number 3081 | Ψ210.0 |
| N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051 | When was the debt incurred? Opened 8/06/04 | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans | |
| Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other Specify Charge Account | |
| | | |
| Malcom S. Gerald & Associates | Last 4 digits of account number | \$823.8 |
| Nonpriority Creditor's Name 332 S. Michigan #600 | When was the debt incurred? | |
| Chicago, IL 60604 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Collection | |

Case 16-80633 Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37 Desc Main Document Page 23 of 56
Case number (if know)

| Deptoi | Agala Nowak | | Case Humber (II know) | | | |
|--------|---|--|---|----------|--|--|
| 4.1 | Mbb | Last 4 digits of account number | 8639 | \$729.00 | | |
| | Nonpriority Creditor's Name 1460 Renaissance Dr | When was the debt incurred? | Opened 8/30/13 Last Active 2/01/13 | | | |
| | Park Ridge, IL 60068 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Unliquidated☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other. Specify Collection A | ttorney Elmhurst Anesthesia | | | |
| 4.1 | Midland Credit Management Nonpriority Creditor's Name | Last 4 digits of account number | | \$528.88 | | |
| | PO Box 60578 | When was the debt incurred? | | | | |
| | Los Angeles, CA 90060 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | tration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | | | | |
| | Yes | Other. Specify Collection | | | | |
| 4.1 | Midland Funding | Last 4 digits of account number | 4787 | \$529.00 | | |
| | Nonpriority Creditor's Name 2365 Northside Dr Ste 30 San Diego, CA 92108 | When was the debt incurred? | Opened 8/21/15 Last Active 5/01/14 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | |
| | No | \square Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | ■ Other. Specify Factoring C | ompany Account Synchrony Bank | | | |

Case 16-80633 Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37 Desc Main Document Page 24 of 56

| Debt | or 1 Agata Nowak | Case number (if know) | |
|----------|--|---|------------|
| 4.1 | MiraMed Revenue Group | Last 4 digits of account number | \$5,088.25 |
| 7 | Nonpriority Creditor's Name PO Box 77304 | When was the debt incurred? | ψ5,000.25 |
| | Detroit, MI 48277 | When was the dest incurred: | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | \square Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Collection for St. Alexius Medical Center | |
| 4.1 | N. d O. H I | | 4570.00 |
| 8 | Northwest Collector, Inc. Nonpriority Creditor's Name | Last 4 digits of account number | \$573.96 |
| | 3601 Algonquin Rd. Suite 232 | When was the debt incurred? | |
| | Rolling Meadows, IL 60008-3104 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | \square Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ■ No □ Yes | Other, Specify Collection for Associated Pathology | |
| | | | |
| 4.1 9 | Northwest Collectors, Inc. | Last 4 digits of account number | \$573.96 |
| | Nonpriority Creditor's Name 3601 Algonquin Rd. | When was the debt incurred? | |
| | Suite 232 | | |
| | Rolling Meadows, IL 60018-3104 | _ | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | - | |
| | ■ Debtor 1 only | Contingent | |
| | ☐ Debtor 2 only | Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | ☐ At least one of the debtors and another | Student loans | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐Yes | ■ Other. Specify Collection medical | |
| | | · · | |

Case 16-80633 Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37 Desc Main Document Page 25 of 56

| Dept | or 1 Agata Nowak | | Case number (if know) | | | | | |
|----------|---|---|---|----------|--|--|--|--|
| 4.2 0 | Northwest Community Hospital | Last 4 digits of account number | | \$222.30 | | | | |
| | Nonpriority Creditor's Name 25709 Network Place | When was the debt incurred? | | | | | | |
| | Chicago, IL 60673 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | |
| | ■ Debtor 1 only □ Contingent | | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | <u> </u> | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ At least one of the debtors and another | Student loans | - O.d | | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | <u></u> | aration agreement or divorce that you did not | | | | | |
| | No | Debts to pension or profit-sharing | or plans, and other similar debts | | | | | |
| | ☐ Yes | ■ Other. Specify Medical Bills | | | | | | |
| | | | | | | | | |
| 4.2 1 | Northwest Suburban Imaging | Last 4 digits of account number | | \$86.00 | | | | |
| | Nonpriority Creditor's Name Asociates SC 34659 Eagle Way Chicago, IL 60678 | When was the debt incurred? | | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | • | , | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | otor 2 only | | | | | | |
| | Debtor 1 and Debtor 2 only | | | | | | | |
| | ☐ At least one of the debtors and another | | | | | | | |
| | ☐ Check if this claim is for a community | ebt ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | | | |
| | debt Is the claim subject to offset? | | | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | ☐ Yes | ■ Other. Specify Medical Bills | 3 | | | | | |
| 4.2 | Nw Collector | Last 4 digits of account number | 5837 | \$573.00 | | | | |
| | Nonpriority Creditor's Name | | Opened 7/26/13 Last Active | | | | | |
| | 3601 Algonquin Rd Suite 232 Rolling Meadow, IL 60008 | When was the debt incurred? | 2/01/13 | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | | | | |
| | ☐ Yes ☐ Other. Specify Collection Med1 02 Associated P | | | | | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Case 16-80633 Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37 Desc Main Document Page 26 of 56

Debtor 1 Agata Nowak

Case number (if know)

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | | Total Claim |
|-----------------------|-----|---|-----|----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | 6f. | Student loans | 6f. | • | Total Claim |
| Total | OI. | Student loans | OI. | \$ | 0.00 |
| claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 21,139.28 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 21,139.28 |

| | | Doduine | T GGC ZT GI GG |
|---------------------|--------------------------|-------------------|----------------|
| Fill in this infor | rmation to identify your | case: | |
| Debtor 1 | Agata Nowak | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |
| Case number | | | |
| (if known) | | | |
| | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | Company with Name, Number | whom you have th r, Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-------------|------------------------------|--|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |

| | | Docume | ent Page 28 d | of 56 | |
|------------------------|--|--------------------------------|---------------------------|---|--|
| Fill in this | s information to identify you | r case: | | | |
| Dabtand | A (N) | | | | |
| Debtor 1 | Agata Nowak First Name | Middle Name | Last Name | | |
| Debtor 2 | i iist ivaine | Wildle Name | Lastivame | | |
| (Spouse if, fil | ling) First Name | Middle Name | Last Name | | |
| | | | | | |
| United Sta | ates Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| 0 | -l | | | | |
| Case num (if known) | iber | | | | ☐ Check if this is an |
| , | | | | | amended filing |
| | | | | | amended ming |
| Officia | al Form 106H | | | | |
| | | | | | |
| Sched | dule H: Your Cod | debtors | | | 12/15 |
| | | | | | |
| our name | e and case number (if knowr | n). Answer every question | | | of any Additional Pages, write |
| 1. Do | you have any codebtors? (If | f you are filing a joint case, | do not list either spouse | e as a codebtor. | |
| ■ No |) | | | | |
| ☐ Ye | s | | | | |
| | | | | | |
| | thin the last 8 years, have yo na, California, Idaho, Louisiana | | | | states and territories include |
| Alizoi | na, California, Idano, Louisiana | a, Nevaua, New Mexico, Pu | eno Rico, Texas, Wash | iington, and wisconsin.) | |
| ■ No | . Go to line 3. | | | | |
| ` | s. Did your spouse, former spo | ouse, or legal equivalent live | e with you at the time? | | |
| | 3. Dia your spouse, former spe | ouse, or legal equivalent live | with you at the time: | | |
| | | | | | |
| | | | | | with you. List the person shown |
| | | | | | creditor on Schedule D (Official chedule E/F, or Schedule G to fill |
| | Column 2. | ai Form 100E/F), or Sched | ule G (Official Forfit R | oog). Ose Schedule D, Sc | inedule E/F, or Schedule G to fill |
| | | | | | |
| | Column 1: Your codebtor Name, Number, Street, City, State and 2 | 7IP Code | | Column 2: The credi Check all schedules | tor to whom you owe the debt |
| | Tvarie, Tvariber, Street, Sity, State and I | Zii Gode | | Check all schedules | тат арргу. |
| 3.1 | | | | ☐ Schedule D. line | |
| 3.1 | Name | | | Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| | | | | Scriedule G, line | |
| | Number Street | _ | | | |
| | City | State | ZIP Code | | |
| 3.2 | | | | □ Schodulo D. line | |
| 3.2 | Name | | | Schedule D, line | |
| | | | | ☐ Schedule E/F, line | · |
| | | | | ☐ Schedule G, line | |
| | Number Street | | | _ | |
| | City | State | ZIP Code | | |

Case 16-80633 Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37 Desc Main Document Page 29 of 56

| E-11 | to this to force of the following of | | | | | i | | | |
|--------------------|--|------------------------------|---|--------------------|----------------|---------------------------------------|------------------------------------|---------------------------------|--|
| | in this information to identify your countries to a Agata Nowal | | | | | | | | |
| | btor 2 buse, if filing) | - | | | _ | | | | |
| Uni | ited States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | | | | | |
| (If kr | se number nown) | | - | | | | led filing | stpetition chapter ng date: | |
| <u>O</u> | fficial Form 106I | | | | | MM / DD/ | YYYY | | |
| S | chedule I: Your Inc | ome | | | | | | 12/15 | |
| sup spo atta | as complete and accurate as possible plying correct information. If you use. If you are separated and you ch a separate sheet to this form. The describe Employment | are married and not filing w | ng jointly, and your s ith you, do not inclu | spouse de infor | is liv mati | ing with you, inc on about your sp | lude informatio ouse. If more s | n about your pace is needed, | |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor | 2 or non-filing s | spouse | |
| | If you have more than one job, | Employment status | ☐ Employed | | | ☐ Emp | loyed | | |
| | attach a separate page with information about additional | Employment status | ■ Not employed | | | ■ Not | ■ Not employed | | |
| | employers. | Occupation | not working | | | unemp | loyed | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | |
| | | How long employed t | here? | | | | | | |
| Pai | rt 2: Give Details About Mor | nthly Income | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to re | eport for | any | line, write \$0 in th | e space. Include | your non-filing | |
| | ou or your non-filing spouse have mo e space, attach a separate sheet to | | ombine the information | n for all e | emplo | oyers for that pers | on on the lines b | elow. If you need | |
| | | | | | | For Debtor 1 | For Debtor 2 | | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 0.00 | \$ | 0.00 | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | 0.00 | +\$ | 0.00 | |

0.00

0.00

Calculate gross Income. Add line 2 + line 3.

Case 16-80633 Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37 Desc Main Document Page 30 of 56

| Debt | or 1 | Agata Nowak | _ | Case | e number (if known) | | | |
|----------|---------------|--|-------------------------|------------|---------------------|----------|-------------------------------|--------|
| | | | | Fo | r Debtor 1 | | Debtor 2 or -filing spouse | |
| | Cop | y line 4 here | 4. | \$ | 0.00 | \$ | 0.00 | |
| 5. | List | all payroll deductions: | | | | | | |
| | 5a. 5b. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans | 5a. 5b. | \$_ \$ | 0.00 | \$ | 0.00 | |
| | 5c. 5d. | Voluntary contributions for retirement plans Required repayments of retirement fund loans | 5c. 5d. | \$_ \$_ | 0.00 | \$ \$ | 0.00 | |
| | 5e. 5f. | Insurance Domestic support obligations | 5e. 5f. | \$_ \$_ | 0.00 | \$ | 0.00 | |
| | 5g. 5h. | Union dues Other deductions. Specify: | 5g. 5h | | 0.00 | + \$ | 0.00 | |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$_ | 0.00 | \$ | 0.00 | |
| 7. 8. | | all other income regularly received: Net income from rental property and from operating a business, | 7. | \$_ | 0.00 | \$ | 0.00 | |
| | | profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$_ | 0.00 | \$ | 0.00 | |
| | 8b. 8c. | Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive | 8b. t | \$_ | 0.00 | \$ | 0.00 | |
| | 04 | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$_ | 0.00 | \$ | 0.00 | |
| | 8d. 8e. | Unemployment compensation Social Security | 8d. 8e. | \$_ \$ | 0.00 | \$ | 0.00 | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | е | · <u>-</u> | | · | | |
| | 8g. | Specify: Pension or retirement income | — ^{8f.} 8g. | \$ \$ | 0.00 | \$ _ | 0.00 | |
| | 8h. | Other monthly income. Specify: Children & family support | 8h | · - | 500.00 | · — | 0.00 | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$_ | 500.00 | \$ | 0.00 | |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | | 500.00 + \$_ | | 0.00 = \$ | 500.00 |
| 11. | Inclu othe | e all other regular contributions to the expenses that you list in <i>Schedule</i> de contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify: | r deper | | | | chedule J. 11. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certailes | | | | | 12. \$ | 500.00 |
| 13. | Do y ■ | you expect an increase or decrease within the year after you file this form No. Yes. Explain: | 1? | | | | Combine monthly i | |

Case 16-80633 Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37 Desc Main Document Page 31 of 56

| Filli | n this inf <u>orma</u> | tion to identify y | our <u>case:</u> | | | l | | | |
|-------|-----------------------------|---------------------------------------|------------------|---|--|------------------|--------------------|-------------------------------|--|
| Debt | | Agata Nowak | | | | Chec | k if this is: | | |
| | tor 2 ouse, if filing) | | | | | | | | |
| Unite | ed States Bankr | uptcy Court for the | : NORTH | HERN DISTRICT OF ILLIN | OIS | _ | MM / DD / YYYY | | |
| Case | e numbe r | | | | | | | | |
| 1 | nown) | | | | | | | | |
| Of | ficial Fo | rm 106J | | | | | | | |
| | | J: Your | | | | | | 12/15 | |
| info | rmation. If m | | eded, atta | . If two married people ar ich another sheet to this n. | | | | | |
| Part | 1: Descr | ribe Your House | ehold | | | | | | |
| ١. | No. Go to | | | | | | | | |
| | _ | | in a separ | ate household? | | | | | |
| | □ N | _ | st file Offici | al Form 106J-2, <i>Expenses</i> | s for Separate House | ehold of Debt | or 2. | | |
| 2. | Do you have | e dependents? | ■ No | | | | | | |
| | Do not list Do Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? | |
| | Do not state dependents | | | | | | | □ No □ Yes | |
| | | | | | | | | □ No | |
| | | | | | | | | ☐ Yes ☐ No | |
| | | | | | | | | ☐ Yes | |
| | | | | | | | | □ No | |
| 3. | Do your exp | enses include | _ | No | | | | ☐ Yes | |
| | | f people other t d your depende | han _— | Yes | | | | | |
| | | ate Your Ongoi | | | | | | | |
| exp | | | | uptcy filing date unless y y is filed. If this is a supp | | | | | |
| | • | • | | government assistance i | • | | | | |
| | icial Form 10 | | | | our moonio | | Your expo | enses | |
| 4. | | or home owners and any rent for th | | ses for your residence. I or lot. | nclude first mortgag | e 4. \$ | | 0.00 | |
| | If not includ | led in line 4: | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. \$ | | 0.00 | |
| | • | rty, homeowner' | | | | 4b. \$ | | 0.00 | |
| | | maintenance, re owner's associa | | upkeep expenses dominium dues | | 4c. \$ 4d. \$ | | 0.00 | |
| 5. | | | | our residence, such as ho | me equity loans | 5. \$ | | 0.00 | |

Case 16-80633 Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37 Desc Main Document Page 32 of 56

| Debtor 1 | Agata Nowak | Case num | ber (if known) | |
|----------------------|--|--------------|---------------------|--------------------------|
| 6. Util | ities: | | | |
| 6. Gui 6a. | Electricity, heat, natural gas | 6a. | \$ | 0.00 |
| 6b. | Water, sewer, garbage collection | 6b. | · | 0.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | · | |
| | | | · | 60.00 |
| 6d. | Other. Specify: | 6d. | · | 0.00 |
| | d and housekeeping supplies | 7. | · | 350.00 |
| . Chi | Idcare and children's education costs | 8. | | 0.00 |
| . Clo | thing, laundry, and dry cleaning | 9. | \$ | 50.00 |
| 0. Per | sonal care products and services | 10. | \$ | 0.00 |
| 1. Me d | dical and dental expenses | 11. | \$ | 0.00 |
| 2. Tra | nsportation. Include gas, maintenance, bus or train fare. | | | |
| | not include car payments. | 12. | \$ | 50.00 |
| 3. Ent | ertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| | ritable contributions and religious donations | 14. | \$ | 0.00 |
| | urance. | | * | |
| | not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | . Life insurance | 15a. | \$ | 0.00 |
| | . Health insurance | 15b. | · | 0.00 |
| | . Vehicle insurance | 15c. | · | 0.00 |
| | | 15d. | · - | |
| | Other insurance. Specify: | 130. | Φ | 0.00 |
| | es. Do not include taxes deducted from your pay or included in lines 4 or 20. | 40 | Φ. | 0.00 |
| | cify: | 16. | \$ | 0.00 |
| | allment or lease payments: | 47- | Φ. | 0.00 |
| | . Car payments for Vehicle 1 | 17a. | · | 0.00 |
| | . Car payments for Vehicle 2 | 17b. | · | 0.00 |
| 17c | Other. Specify: | 17c. | · | 0.00 |
| 17d | . Other. Specify: | 17d. | \$ | 0.00 |
| 8. Yo u | r payments of alimony, maintenance, and support that you did not report as | | | |
| ded | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| 9. Oth | er payments you make to support others who do not live with you. | | \$ | 0.00 |
| Spe | cify: | 19. | | |
| 0. Oth | er real property expenses not included in lines 4 or 5 of this form or on Sche | edule I: Yo | our Income. | |
| | . Mortgages on other property | 20a. | | 0.00 |
| 20b | . Real estate taxes | 20b. | \$ | 0.00 |
| 20c | . Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | . Maintenance, repair, and upkeep expenses | 20d. | · | 0.00 |
| | Homeowner's association or condominium dues | 20d. 20e. | · | 0.00 |
| | | | · | |
| i. Oth | er: Specify: | | +\$ | 0.00 |
| 2. Cal | culate your monthly expenses | | | |
| | . Add lines 4 through 21. | | \$ | 510.00 |
| | . Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | 310.00 |
| | | | · | |
| 22c | . Add line 22a and 22b. The result is your monthly expenses. | | \$ | 510.00 |
| ვ (ე-ი) | culate your monthly net income. | | | |
| | . Copy line 12 (your combined monthly income) from Schedule I. | 23a. | ¢ | E00.00 |
| | | | · | 500.00 |
| 23b | . Copy your monthly expenses from line 22c above. | 23b. | -⊅ | 510.00 |
| | Out to a transport of the control of | | | |
| 23c | Subtract your monthly expenses from your monthly income. | 23c. | \$ | -10.00 |
| | The result is your monthly net income. | 23C. | Ψ | -10.00 |
| | | | | |
| | you expect an increase or decrease in your expenses within the year after yo | | | |
| | example, do you expect to finish paying for your car loan within the year or do you expect your ification to the terms of your mortgage? | mortgage | payment to increase | or decrease because of a |
| | , , , | | | |
| | No | | | |
| | /es. Explain here: | | | |

Case 16-80633 Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37 Desc Main Document Page 33 of 56

| Fill in this infor | mation to identify your | case: | | |
|---------------------|---------------------------|---------------------------------|-----------------------------|---|
| Debtor 1 | Agata Nowak | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | First Name | Middle Nove | Last Name | |
| (Spouse if, filing) | First Name | Middle Name | Lastiname | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| | | | | |
| | | | | |
| Official Forr | <u>m 106Dec</u> | | | |
| Declarat | tion About a | n Individual | Debtor's Sch | nedules 12/15 |
| | | | | |
| f two married p | eople are filing togethe | r, both are equally respo | nsible for supplying corre | ect information. |
| V (*!)- (- | !- (() | 1 - 1 1 1 - 1 - 1 - 1 - 1 - 1 - | de de este adede e el | Maldania Calana datamanta anno altra managaria |
| | | | | Making a false statement, concealing property, or fines up to \$250,000, or imprisonment for up to 20 |
| | 18 U.S.C. §§ 152, 1341, 1 | | ruptoy ouse our result in | Thies up to \$200,000, or imprisonment for up to 20 |
| | | | | |
| | | | | |
| Sig | n Below | | | |
| | | | | |
| Did you pa | ay or agree to pay some | one who is NOT an attor | ney to help you fill out ba | nkruptcy forms? |
| ■ No | | | | |
| _ | | | | |
| ☐ Yes. | Name of person | | | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| | | | | Declaration, and Signature (Official Form 119) |
| | | | | |
| • | | that I have read the sum | mary and schedules filed | with this declaration and |
| that they ar | re true and correct. | | | |
| X /s/ Aga | ata Nowak | | X | |
| | Nowak | | Signature of D | ebtor 2 |
| Signatu | ire of Debtor 1 | | | |
| Date | March 15, 2016 | | Date | |
| Date | maiori 10, 2010 | | | |

Case 16-80633 Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37 Desc Main Document Page 34 of 56

| Fill in this information | on to identify your | : case: | | | |
|--|---|--|---|---|---|
| | | case. | | | |
| | gata Nowak rst Name | Middle Name | Last Name | | |
| Debtor 2 | rst Name | Middle Name | Loot Nama | | |
| | | | Last Name | | |
| United States Bankru | otcy Court for the: | NORTHERN DISTRICT C | OF ILLINOIS | | |
| Case number (if known) | | | | | heck if this is an mended filing |
| Be as complete and a | Financial A | | are filing together, both are | ankruptcy equally responsible for supp | |
| number (if known). A | | | | , p.g, , | |
| Part 1: Give Detai | ls About Your Ma | rital Status and Where You | Lived Before | | |
| 1. What is your cur | rent marital statu | s? | | | |
| ■ Married | | | | | |
| □ Not married | | | | | |
| 2. During the last 3 | vears have you | lived anywhere other than v | where you live now? | | |
| z. During the last o | years, nave you | iived arrywriere other triair | where you live now : | | |
| ■ No | | | | | |
| ☐ Yes. List all | or the places you ii | ved in the last 3 years. Do no | ot include where you live now | <i>1</i> . | |
| Debtor 1 Prior A | Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ac | Idress: | Dates Debtor 2 lived there |
| states and territories in | clude Arizona, Cal | | vada, New Mexico, Puerto R | ity property state or territory ico, Texas, Washington and W | |
| | • | ` | molari omi roomj. | | |
| Part 2 Explain the | e Sources of You | r Income | | | |
| Fill in the total am If you are filing a | ount of income you oint case and you | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part | | dar years? |
| Yes. Fill in the | ne details. | | | | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| From January 1 of cothe date you filed for | • | ☐ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | |
| | | ☐ Operating a business | | ☐ Operating a business | |
| For last calendar yea (January 1 to Decem | | ☐ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | |
| | | ☐ Operating a business | | ☐ Operating a business | |
| Official Form 107 | | Statement of Financial Affa | airs for Individuals Filing for B | ankruptcv | page ' |

Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37

Case 16-80633 Desc Main Page 35 of 56 Document Case number (if known) Debtor 1 Agata Nowak Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For the calendar year before that: \$38,011.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2014) bonuses, tips bonuses, tips ☐ Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Nο Yes. Fill in the details. Debtor 1 Debtor 2 **Gross income** Sources of income **Gross income** Sources of income Describe below.. (before deductions and Describe below. (before deductions exclusions) and exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more? □ No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address Dates of payment Total amount** Amount you Was this payment for ... still owe paid Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for

Nο

☐ Yes. List all payments to an insider

Insider's Name and Address Dates of payment **Total amount** Amount you Reason for this payment paid still owe

Entered 03/16/16 11:49:37 Desc Main Doc 1 Filed 03/16/16 Case 16-80633

Page 36 of 56
Case number (if known) Document Debtor 1 Agata Nowak

| 8. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos | | yments or transfer a | any property on a | ccount of a del | ot that benefited an |
|-----|--|-----------------------------|-----------------------|----------------------|-------------------------------|-----------------------|
| | ■ No | | | | | |
| | ☐ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for the Include credit | |
| Pai | rt 4: Identify Legal Actions, Repossession | ns, and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the | case |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below | | erty repossessed, f | oreclosed, garnis | shed, attached, | seized, or levied? |
| | No☐ Yes. Fill in the information below. | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property |
| | | Explain what happene | d | | | р.оролу |
| 11. | Within 90 days before you filed for bankrul accounts or refuse to make a payment bed No Yes. Fill in the details. | | cluding a bank or fir | nancial institutior | n, set off any an | nounts from your |
| | Creditor Name and Address | Describe the action the | e creditor took | Date taker | action was | Amount |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a No Yes | | erty in the possessi | | | it of creditors, a |
| Pa | tt 5: List Certain Gifts and Contributions | | | | | |
| 13. | Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift. | otcy, did you give any gift | ts with a total value | of more than \$60 | 00 per person? | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | | Date: the g | s you gave ifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | | |
| 14. | Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift or cor | | ts or contributions v | with a total value | of more than \$ | 600 to any charity |
| | Gifts or contributions to charities that tot more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | | u contributed | | s you ributed | Value |
| Pai | rt 6: List Certain Losses | | | | | |
| _ | | | | | | |

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

Official Form 107

Case 16-80633 Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37 Desc Main Document Page 37 of 56 Case number (if known) Debtor 1 Agata Nowak or gambling? Nο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. □ No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You Attorney Fees \$1,200 \$600.00 Worwag & Malysz, P.C. The Peoples Advocates 2500 E. Devon Ave #300 Des Plaines, IL 60018 mjworwag@gmail.com 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Fill in the details

| No |
|-----|
| Yes |

| Too. This in the details. | | | |
|--------------------------------|---|-----------------------------------|----------------------|
| Person Who Was Paid Address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | | | |

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Person Who Received Transfer Description and value of Describe any property or Date transfer was Address property transferred payments received or debts made paid in exchange Person's relationship to you

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

Yes. Fill in the details.

Name of trust Description and value of the property transferred **Date Transfer was** made

Filed 03/16/16 Entered 03/16/16 11:49:37 Desc Main Case 16-80633 Doc 1 Page 38 of 56 Case number (if known) Document

Debtor 1 Agata Nowak

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

| 20. | Within 1 year before you filed for bankrupt sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, ass No Yes. Fill in the details. | , or other financial accou | ınts; certificates | of deposit; shares in bank | • |
|-----|---|--|--------------------------|---|--------------------------------|
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of accou instrument | nt or Date account w closed, sold, moved, or transferred | before closing or transfer |
| 21. | Do you now have, or did you have within a cash, or other valuables? | I year before you filed fo | r bankruptcy, an | y safe deposit box or othe | r depository for securities, |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had ac Address (Number, State and ZIP Code) | | Describe the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit | t or place other than you | r home within 1 y | year before you filed for ba | ankruptcy |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or to it? Address (Number, State and ZIP Code) | | Describe the contents | Do you still have it? |
| Pai | rt 9: Identify Property You Hold or Contro | ol for Someone Else | | | |
| 23. | Do you hold or control any property that s for someone. | omeone else owns? Inc | lude any propert | y you borrowed from, are s | storing for, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the pro (Number, Street, City, Code) | | Describe the property | Value |
| Pai | rt 10: Give Details About Environmental In | nformation | | | |
| For | the purpose of Part 10, the following defini | tions apply: | | | |
| | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. | | | | |
| | Site means any location, facility, or proper to own, operate, or utilize it, including disp | - | environmental la | aw, whether you now own, | operate, or utilize it or used |
| | Hazardous material means anything an en hazardous material, pollutant, contaminan | | as a hazardous | waste, hazardous substan | ce, toxic substance, |
| Rep | port all notices, releases, and proceedings t | hat you know about, reg | ardless of when | they occurred. | |
| 24. | Has any governmental unit notified you th | at you may be liable or p | otentially liable (| under or in violation of an | environmental law? |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental ur Address (Number, ZIP Code) | | Environmental law, if y know it | ou Date of notice |
| | | | | | |

Case 16-80633 Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37 Document Page 39 of 56 Debtor 1 Agata Nowak Case number (if known) 25. Have you notified any governmental unit of any release of hazardous material? Nο Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Nο Yes. Fill in the details. Case Title Nature of the case Status of the Court or agency Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Agata Nowak Signature of Debtor 2 Agata Nowak Signature of Debtor 1 Date March 15, 2016 Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ■ No ☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107

Software Copyright (c) 1996-2016 Best Case, LLC - www.bestcase.com

Case 16-80633 Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37 Desc Main Page 40 of 56
Case number (if known)

Document Debtor 1 Agata Nowak

Case 16-80633 Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37 Desc Main Document Page 41 of 56

| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|-------------------|-------------------------|------------------------------------|
| Debtor 1 | Agata Nowak | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | Charle if this is an |
| (II KIIOWII) | | | | Check if this is an amended filing |
| | | | | |
| | | | | |
| Official Fo | orm 108 | | | |
| Stateme | nt of Intentio | n for Individu | ials Filing Under Chapt | ter 7 12/15 |

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|---|--|---|
| Creditor's | ☐ Surrender the property. | □ No |
| name: | Retain the property and redeem it. | _ |
| Description of | ☐ Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property securing debt: | ☐ Retain the property and [explain]: | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | Retain the property and redeem it. | _ |
| Description of | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property securing debt: | ☐ Retain the property and [explain]: | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | Retain the property and redeem it. | |
| Description of | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: Creditor's | ☐ Surrender the property. | □ No |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Case 16-80633 Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37 Desc Main Document Page 42 of 56

| Debtor 1 | Agata Nowak | Case number (if known) | |
|--------------------------------|---|--|---------------------------------|
| proper | ption of ty ng debt: | ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [explain]: | □ Yes |
| in the info | ormation below. Do not list real esta | perty Leases nat you listed in Schedule G: Executory Contracts and Unexpired te leases. Unexpired leases are leases that are still in effect; the perty lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2 | lease period has not yet ended. |
| Describe | your unexpired personal property | leases | Will the lease be assumed? |
| Lessor's Description | on of leased | | □ No □ Yes |
| Lessor's Description | on of leased | | □ No □ Yes |
| Lessor's Description Property: | on of leased | | □ No □ Yes |
| Lessor's Description | on of leased | | □ No □ Yes |
| Lessor's Description | on of leased | | □ No □ Yes |
| Lessor's Description | on of leased | | □ No □ Yes |
| Lessor's Description | on of leased | | □ No □ Yes |
| | Sign Below nalty of perjury, I declare that I have that is subject to an unexpired lease | e indicated my intention about any property of my estate that sec | |
| X /s/ Aga | Agata Nowak ta Nowak ature of Debtor 1 | X Signature of Debtor 2 | |
| Date | March 15, 2016 | Date | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-80633 Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37 Desc Main Document Page 47 of 56

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

| In r | e Agata Nowak | | Case No. | |
|------|---|---|--|-------------------------------------|
| | | Debtor(s) | Chapter | 7 |
| | DISCLOSURE OF COMP | ENSATION OF ATTORN | NEY FOR DI | EBTOR(S) |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the fi be rendered on behalf of the debtor(s) in contemplatio | ling of the petition in bankruptcy, or | agreed to be paid | to me, for services rendered or to |
| | For legal services, I have agreed to accept | | | 1,200.00 |
| | Prior to the filing of this statement I have receive | d | \$ | 600.00 |
| | Balance Due | | | 600.00 |
| 2. | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 3. | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. | ■ I have not agreed to share the above-disclosed cor | mpensation with any other person un | less they are mem | bers and associates of my law firm. |
| | ☐ I have agreed to share the above-disclosed competed copy of the agreement, together with a list of the results. | | | |
| 5. | In return for the above-disclosed fee, I have agreed to | render legal service for all aspects of | of the bankruptcy of | ease, including: |
| | a. Analysis of the debtor's financial situation, and ren b. Preparation and filing of any petition, schedules, st c. Representation of the debtor at the meeting of cred d. [Other provisions as needed] Negotiations with secured creditors to reagreements and applications as needed; of liens on household goods. | tatement of affairs and plan which m litors and confirmation hearing, and a duce to market value; exemption | ay be required; any adjourned hea planning; prepar | rings thereof; |
| 6. | By agreement with the debtor(s), the above-disclosed Representation of the debtors in any disc adversary proceeding. | | | of from stay actions or any other |
| | | CERTIFICATION | | |
| this | I certify that the foregoing is a complete statement of a bankruptcy proceeding. | any agreement or arrangement for pa | nyment to me for r | epresentation of the debtor(s) in |
| ١, | March 15, 2016 | /s/ Michael J. Worwa | ıa | |
| _ | Date | Michael J. Worwag | .9 | |
| | | Signature of Attorney | | |
| | | Worwag & Malysz, P The Peoples Advoca | | |
| | | 2500 E. Devon Ave # | | |
| | | Des Plaines, IL 6001 | | |
| | | 847.954.2350 Fax: | | |
| | | mjworwag@gmail.co Name of law firm | om | |
| 1 | | гчате ој нам јита | | |

Case 16-80633 Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37 Desc Main Document Page 48 of 56

WORWAG & MALYSZ, P.C.

adba The Peoples Advocates <u>www.worwagmalyszlaw.com</u>

2500 E. Devon Ave #300 Des Plaines, Illinois 60018

Phone: 847.533.3303 Email: mjworwag@gmail.com

10135 S. Roberts Rd. #205 Palos Hill, Illinois 60465 Phone: 773.586.4010 Fax:847.954.2755

Retainer for Legal Services

Chapter 7- Eliminates dischargeable unsecured debts. Certain debts may not be dischargeable.

+\$70.00 cc

Your fee for our services is \$ 1.000. This is a "flat fee" of which half is for services rendered.

rour fee for our services is \$\frac{f}{2} \to \varphi \varphi

| Today you paid \$_/\doldowdown\dol | |
|---|--|
| You agree to pay the balance of \$ | by the date of the trustee meeting. |
| Filing Fee- You will also provide a separate paymen cost and is not included in the fee that you were quo | t for \$335.00. The \$335 filing fee is a separate |
| cost and is not included in the fee that you were quo | ted for our services and must be paid before we file |

This agreement will serve as an engagement agreement that will establish the terms of our relationship. When you sign it, it will become a contract between us. In passing the Bankruptcy Abuse Prevention and Consumer Protection Act of 2005, the Congress imposed strict requirements upon attorneys representing debtors, requiring them to specify what duties they will perform and to make certain representations to clients. Those specific duties and representations are set out in the representation agreement. Please read this agreement carefully and be sure you understand it. If you have any questions, you should consult with me before signing. Once you are satisfied with the agreement, please sign and return a copy to me. The following are the specifics of our proposed representation. We will:

- 1. Meet with you to discuss your financial situation and possible solutions:
- 2. Provide the section 342(b)(1) notice, which sets out the purpose, benefits, and costs of filing under Chapters 7, 11, 12 or 13; the types of services available from credit counseling agencies; and the penalties of committing certain bankruptcy crimes, and will explain the notice to you;
- 3. Prepare the necessary bankruptcy petition, schedules, statement of affairs, and other documents, and review and file the bankruptcy case under the chapter you select;
- 4. Prepare for and accompany you to the section 341 first meeting of creditors;
- 5. Assist in the amendments to the papers filed and the production of such documents as the trustee requests;
- 6. Assist you in the negotiation and execution of reaffirmation agreements that are in your best interest and meet all requirements of the law.

FULL DISCLOSURE- You agree that you will fully disclose all financial information. You agree to disclose ALL of your assets, debts and income and understand that it is a Federal crime to omit any other information from your bankruptcy petition punishable by fine of up to \$500,000 or imprisonment for up to 5 years or both. You also agree to provide our office with proof of your income for the last six months and your tax returns for the previous two (2) years.

→FINANACIAL MANANGEMENT AND CREDIT COUNSELING COURSES- Under the new law you are required to take a Credit Counseling Course prior to the filing of your bankruptcy petition and a Financial Management Course prior to the discharge of your bankruptcy for an

Case 16-80633 Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37 Desc Main Document Page 49 of 56

ADDITITONAL FEE (usually no more than \$100). If you fail to complete these courses your bankruptcy will be denied.

Attached are notices and information I am required to give you by law. Please read all information.

Debt Relief Agency Disclosures to an Assisted Person

Section 527 of the Bankruptcy Code requires a Debt Relief Agency to provide an assisted person with the following:

- 1. A copy of the notice prepared by the clerk of the Bankruptcy Court, in accordance with the requirements of § 342(b), which is attached hereto and which contains:
 - (1) a brief description of
 - (A) Chapters 7, 11, 12, and 13 and the general purpose, benefits, and costs of proceeding under each of those chapters; and
 - (B) the types of services available from credit counseling agencies; and
 - (2) statements specifying that
 - (A) a person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury in connection with a case under this title shall be subject to fine, imprisonment, or both; and
 - (B) all information supplied by a debtor in connection with a case under this title is subject to examination by the Attorney General.
- 2. The following disclosures are required by § 527(a)(2), which advises an assisted person that:
 - (A) all information that the assisted person is required to provide with a petition and thereafter during a case under this title is required to be complete, accurate, and truthful;
 - (B) all assets and all liabilities are required to be completely and accurately disclosed in the documents filed to commence the case, and the replacement value of each asset as defined in § 506 must be stated in those documents where requested after reasonable inquiry to establish such value;
 - (C) current monthly income, the amounts specified in section 707(b)(2), and, in a case under Chapter 13 of this title, disposable income (determined in accordance with § 707(b)(2)) are required to be stated after reasonable inquiry; and
 - (D) information that an assisted person provides during his or her case may be audited pursuant to this title, and failure to provide such information may result in dismissal of the case under this title or other sanction, including a criminal sanction.

If you have any questions about any of these disclosures, we will be happy to provide further explanation.

We also call your attention to Exhibits A and B attached to the Representation and made a part thereof.

EXHIBIT A

Separate Disclosure Required by Section 527 of the Bankruptcy Code as Amended

IMPORTANT INFORMATION ABOUT BANKRUPTCY ASSISTANCE SERVICES FROM AN ATTORNEY

(Note: This form is mandated by statute. It may or may not correctly explain the law.)

If you decide to seek bankruptcy relief, you can represent yourself, you can hire an attorney to represent you, or you can get help in some localities from a bankruptcy petition preparer who is not an attorney. The law requires an attorney or bankruptcy petition preparer to give you a written contract specifying what the attorney or bankruptcy petition preparer will do for you and how much it will cost. Ask to see the contract before you hire anyone.

The following information explains what must be done in a routine bankruptcy case to help you evaluate how much service you need. Before filing a bankruptcy case, either you or your attorney should analyze your eligibility for different forms of debt relief available under the Bankruptcy Code and decide which form of relief is most likely to be beneficial for you. Be sure you understand the relief you can obtain and its limitations. To file a bankruptcy case, documents (Petition, Schedules, Statement of Financial Affairs, and in some cases a Statement of Intention) must be prepared correctly and filed with the bankruptcy court. You will have to pay a filing fee to the bankruptcy court. Once your case starts, you must attend the required first meeting of creditors, where you may be questioned by a court official called a "trustee" and by creditors.

If you choose to file a Chapter 7 case, you may be asked by a creditor to reaffirm a debt. You may want help deciding whether to do so. A creditor is not permitted to coerce you into reaffirming your debts.

If you choose to file a Chapter 13 case, in which you repay your creditors what you can afford over 3 to 5 years, you may also want help preparing your Chapter 13 plan and with the confirmation hearing on your plan, which will be before a bankruptcy judge.

If you select another type of relief under the Bankruptcy Code other than Chapter 7 or Chapter 13, you should consult someone familiar with that type of relief.

Your bankruptcy case may also involve litigation. You are generally permitted to represent yourself in litigation in bankruptcy court, but only lawyers, not bankruptcy petition preparers, can give you legal advice.

Client hereby acknowledges receipt of a copy of this disclosure.

EXHIBIT B

Information to the Assisted Person (Debtor) on How to Provide All Information Required by Section 521

Section 521 of the Code sets out the Debtor's duties related to the filing of a bankruptcy case. A copy of the section is attached to this writing.

As you fill out these schedules and statement of affairs, you should keep the following in mind:

- 1. Completing the income and expense pages accurately and completely is critical.
 - (a) To compile your income, refer to recent pay stubs and last year's income tax returns. Accounting for overtime, investment dividends, and other earnings is necessary.
 - (b) People usually pay cash for many items, such as groceries. Review your monthly expense payments and make a best estimate on cash expenditures. If you pay insurance annually, calculate the monthly cost. Attached are IRS expense allowances for the area in which you live. If your expenses exceed these, we will have to review them and perhaps make adjustments.
 - (c) When you value property you own, consider prices in the neighborhood for housing, in newspapers and car lots for automobiles, and what you would pay for furniture and clothes at a business selling such goods.
 - (d) If you have an item of special value, an appraisal may be necessary.
 - (e) When listing creditors, collect current bills and use that information for mailing addresses and balances due.
 - (f) Under the law of this state, or federal bankruptcy law, certain property may be exempt and may be retained. Attached is a copy of the state list of exemptions and also a list of property that may be exempt under federal law. Neither list is all-inclusive. If a seller has a lien on exempt property, the lien may be avoidable or you may have to pay for the property in order to keep it. After you have prepared these lists, we can review them and decide what property qualifies as exempt.

ADDITIONAL FEES- The *only* reason that you may be charged additional fees is a) *Failing to list debts* at time of filing that later have to be added to your bankruptcy documents. There is a \$100 charge to amend your petition, b) *Missing court date*. You must attend a meeting of creditors approximately 4 - 6 weeks after your case is filed. I still have to appear if you cannot, so there will be a \$150 additional fee for a missed court date. c) *Adversary objections* to discharge debts based on fraudulent use of credit cards or other dischargeability issues. Fee for litigating a dischargeability issue is \$200 per hour, five hours to be paid in advance if we decide to represent you. d) *Lien avoidance*. You agree that the above quoted fee does not include services provided to avoid judgment liens (\$200 per hour) and non-purchase money security interests (\$200 per hour). You understand and agree that if you do not pay the fee, I will not bring the motion and the lien will survive the bankruptcy. **Reaffirmations**- Once you reaffim a debt, you may only rescind the reaffirmation agreement by contacting our office no less than two weeks prior

Case 16-80633 Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37 Desc Main Document Page 52 of 56

to the bar date for rescissions. You may only reaffirm a debt if it does not impose an undue hardship to you.

| Secured Debts | Unsecured Debts | Non-Dischargeable |
|---|---------------------------------------|---|
| Mortgage Arrears | | Tax |
| Mortgage Balance | | Student Loans |
| Car Balance- | | Gov't Fines |
| Loans | | Misc |
| Total Secured \$ | Total Unsecured | Total Non-Disc \$ |
| What you must provide before | e I file your case: (I cannot | file without this information!) |
| Your state and federal incom | e tax returns for the prior 2 years a | and W2 Stubs. |
| Your most recent pay stubs f from all sources | rom all employers, and records con | cerning your earnings for the past 6 months |
| All bills from all creditors for | the past 90 days so that we may de | etermine the proper place to send notice. |
| All loan documents for all sec | cured loans, including home loans a | nd auto loans |
| Your social security card | | |
| Your photo identification card | i | |
| List of your household incom- | e and expenses | |
| Details concerning every item | n of property you own, including rea | al estate and personal property |
| Details concerning any litigat | ion in which you involved now or in | which you may be involved in the future. |
| Information on any inheritant may be a beneficiary | ce you may have received, expect t | o receive or trust as to which you are or |
| • Information on all insurance | policies | |
| Credit Counseling Cert | ificate | |
| I hereby acknowledge that I/We agreement and I/we understand X Client Date | | 5 page retainer/representation Date |

Attorney on behalf of Worway & Walysz, PC

Case 16-80633 Doc 1 Filed 03/16/16 Entered 03/16/16 11:49:37 Desc Main Document Page 53 of 56

United States Bankruptcy Court Northern District of Illinois

| | | - 10- 0 | | |
|-------|---|--|------------------------------|----------------|
| In re | Agata Nowak | | Case No. | |
| | | Debtor(s) | Chapter 7 | |
| | | | | |
| | VI | ERIFICATION OF CREDITOR M | MATRIX | |
| | | Number of | f Creditors: | 22 |
| | The above-named Debtor(s (our) knowledge. |) hereby verifies that the list of credi | itors is true and correct to | the best of my |
| Date: | March 15, 2016 | /s/ Agata Nowak | | |

A/R Concepts 18-3 E Dundee Rd Ste 330 Barrington, IL 60010

Abc Credit & Recovery 4736 Main St Ste 4 Lisle, IL 60532

ABC Credit & Recovery Services PO Box 3722 Lisle, IL 60532

Bernardo Duarte, MD PO Box 2143 Highland Park, IL 60035

Chase Manhatten Mortgage Corp. P.O. Box 7892 Phoenix, AZ 85062

Citibank PO Box 6001 The Lakes, NV 88901

Computer Credit Inc Claim Dept. 003482 640 West Fourth Street Winston Salem, NC 27113-5238

Credit Coll Po Box 9136 Needham, MA 02494

Credit Collection Services 2 Wells Ave Newton Center, MA 02459

DSG Collect 2250 E Devon Ave Suite 352 Des Plaines, IL 60018

Genpact Services LLC PO Box 1969 Southgate, MI 48195

Kohls/Capital One N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051

Malcom S. Gerald & Associates 332 S. Michigan #600 Chicago, IL 60604

Mbb 1460 Renaissance Dr Park Ridge, IL 60068

Midland Credit Management PO Box 60578 Los Angeles, CA 90060

Midland Funding 2365 Northside Dr Ste 30 San Diego, CA 92108

MiraMed Revenue Group PO Box 77304 Detroit, MI 48277

Northwest Collector, Inc. 3601 Algonquin Rd. Suite 232 Rolling Meadows, IL 60008-3104

Northwest Collectors, Inc. 3601 Algonquin Rd. Suite 232 Rolling Meadows, IL 60018-3104

Northwest Community Hospital 25709 Network Place Chicago, IL 60673

Northwest Suburban Imaging Asociates SC 34659 Eagle Way Chicago, IL 60678 Nw Collector 3601 Algonquin Rd Suite 232 Rolling Meadow, IL 60008